

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			2/ 3/2/01
<b>FORMALITY REVIEW</b>	2A	5C583	03/09/01
<b>RESPONSE FORMALITY REVIEW</b>	R.B	1016	06/25/01

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
1	✓
2	✓
3	✓
4	✓
5	✓
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**BEST AVAILABLE COPY**If more than 150 claims or 10 actions  
staple additional sheet here

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